Module 7 – Reading 1-1

What is A Crisis?

1. *Definition:*

   A crisis is when there is some upset in the normal balance of an individual and where her/his usual ways of solving problems don't work; an emotionally significant or radical change of status in a person's life.

2. *What happens to people when they are in a state of crisis?*

   A. The stressful situation and the inability to get things back to normal lead to a HIGH STATE OF TENSION.

   B. People see the crisis as a serious threat to their future and have strong feelings of helplessness and vulnerability. Remember that they are in a crisis because they do not feel able to handle it the way they usually do.

   C. People can get confused. They literally may not be able to think clearly, and sometimes have trouble recognizing or identifying feelings, and may have strong feelings of fear.

   D. People's behavior may become disorganized as they become more and more frantic to resolve the problem and get themselves back together. Their behavior may begin to make less and less sense.

3. *A crisis can be resolved in three possible ways:*

   A. **Negative** - People, even with the best help, may not be able to restore this balance, and may become even more disorganized. This is going to be true for some people no matter what help is offered.

   B. **Neutral** - People may return to their normal state, restore their balance and go on as before the crisis.

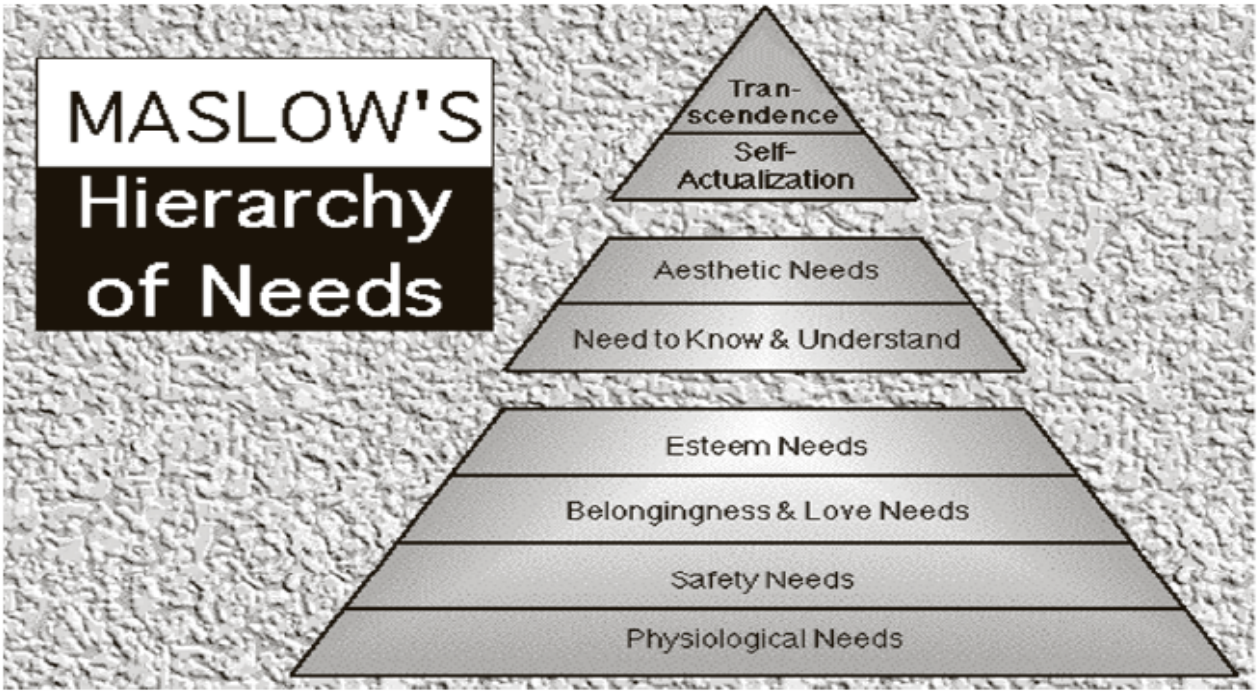
   C. **Positive** - People may put themselves back together in a new, more healthy way. In other words, because of the experiences they are stronger and better able to handle any new crises that may occur.

Module 7 – Reading 5-1

Maslow's Hierarchy of Needs

Abraham Maslow (1954) attempted to synthesize a large body of research related to human motivation. Prior to Maslow, researchers generally focused separately on such factors as biology, achievement, or power to explain what energizes, directs, and sustains human behavior. Maslow posited a hierarchy of human needs based on two groupings: deficiency needs and growth needs. Within the deficiency needs, each lower need must be met before moving to the next higher level. Once each of these needs has been satisfied, if at some future time a deficiency is detected, the individual will act to remove the deficiency. The first four levels are:

1. Physiological: hunger, thirst, bodily comforts, etc.;
2. Safety/security: out of danger;
3. Belongingness and Love: affiliate with others, be accepted; and
4. Esteem: to achieve, be competent, gain approval and recognition.



According to Maslow, an individual is ready to act upon the growth needs if and only if the deficiency needs are met. Maslow's initial conceptualization included only one growth need--self-actualization. Self-actualized people are characterized by: 1) being problem-focused; 2) incorporating an ongoing freshness of appreciation of life; 3) a concern about personal growth; and 4) the ability to have peak experiences. Maslow later differentiated the growth need of self-actualization, specifically naming two lower-level growth needs prior to general level of self-actualization (Maslow & Lowery, 1998) and one beyond that level (Maslow, 1971). They are:

5. Cognitive: to know, to understand, and explore;
6. Aesthetic: symmetry, order, and beauty;
7. Self-actualization: to find self-fulfillment and realize one's potential; and
8. Self-transcendence: to connect to something beyond the ego or to help others find self-fulfillment and realize their potential.

Maslow's basic position is that as one becomes more self-actualized and self-transcendent, one becomes more wise (develops wisdom) and automatically knows what to do in a wide variety of situations. Daniels (2001) suggests that Maslow's ultimate conclusion that the highest levels of self-actualization are transcendent in their nature may be one of his most important contributions to the study of human behavior and motivation.

Norwood (1999) proposes that Maslow's hierarchy can be used to describe the kinds of information that individual's seek at different levels. For example, individuals at the lowest level seek coping information in order to meet their basic needs. Information that is not directly connected to helping a person meet his or her needs in a very short time span is simply left unattended. Individuals at the safety level need helping information. They seek to be assisted in seeing how they can be safe and secure. Enlightening information is sought by individuals seeking to meet their belongingness needs. Quite often this can be found in books or other materials on relationship development. Empowering information is sought by people at the esteem level. They are looking for information on how their ego can be developed. Finally, people in the growth levels of cognitive, aesthetic, and self-actualization seek edifying information. While Norwood does not specifically address the level of transcendence, I believe it safe to say that individuals at this stage would seek information on how to connect to something beyond themselves or to how others could be edified.

Maslow published his first conceptualization of his theory over 50 years ago (Maslow, 1943) and it has since become one of the most popular and often cited theories of human motivation. An interesting phenomenon related to Maslow's work is that in spite of a lack of evidence to support his hierarchy, it enjoys wide acceptance (Wahba & Bridgewell, 1976; Soper, Milford & Rosenthal, 1995).

The few major studies that have been completed on the hierarchy seem to support the proposals of William James (1892/1962) and Mathes (1981) that there are three levels of human needs. James hypothesized the levels of material (physiological, safety), social (belongingness, esteem), and spiritual. Mathes proposed the three

levels were physiological, belonginess, and self-actualization; he considered security and self-esteem as unwarranted. Alderfer (1972) developed a comparable hierarchy with his ERG (existence, relatedness, and growth) theory. His approach modified Maslow's theory based on the work of Gordon Allport (1960, 1961) who incorporated concepts from systems theory into his work on personality.

Alderfer's Hierarchy of Motivational Needs

Level of Need	*Definition*	*Properties*
Growth	Impel a person to make creative or productive effects on himself and his environment	Satisfied through using capabilities in engaging problems; creates a greater sense of wholeness and fullness as a human being
Relatedness	Involve relationships with significant others	Satisfied by mutually sharing thoughts and feelings; acceptance, confirmation, under-standing, and influence are elements
Existence	Includes all of the various forms of material and psychological desires	When divided among people one person's gain is another's loss if resources are limited

Maslow recognized that not all personalities followed his proposed hierarchy. While a variety of personality dimensions might be considered as related to motivational needs, one of the most often cited is that of introversion and extroversion. Reorganizing Maslow's hierarchy based on the work of Alderfer and considering the introversion/extroversion dimension of personality results in three levels, each with an introverted and extroverted component. This organization suggests there may be two aspects of each level that differentiate how people relate to each set of needs. Different personalities might relate more to one dimension than the other. For example, an introvert at the level of Other/Relatedness might be more concerned with his or her own perceptions of being included in a group, whereas an extrovert at that same level would pay more attention to how others value that membership.

Chapter 14

THE TELEPHONE AS A CRISES INTERVENTION METHOD

The telephone, used as a crisis-intervention method, is gaining acceptance. Suicide crisis centers rely upon the telephone to do counseling. Alcoholics Anonymous, a well-known support system, uses the telephone to provide its member's access to another person in the hopes of preventing a drinking reoccurrence. The telephone is a positive means of communication and can be similarly effective in supporting and providing empowering options for victims of mental, physical and sexual abuse.

In a study conducted to evaluate the effectiveness of the telephone as a crisis intervention method with victims, the following was found to be evident: First, it provides relatively quick access to the person one wishes to contact. And second, the burden is not placed on the victim to make an appointment to see the crisis worker, travel to an office at her time and expense - all when she is in a crisis state and having difficulty making a decision. Instead, support is a phone call away. Third, the victim has considerable power in the situation and has at her disposal the following alternatives:

- She can maintain anonymity.
- She can refuse to give her telephone number and say she does not want follow-up.
- She can choose at anytime to discontinue conversation.
- She can agree to telephone follow-up and give the crisis worker her phone number.
- She can choose to call the hotline again in the future.

A woman who has lived with domestic violence for a time will probably expect anyone she speaks with to negate her feelings and belittle her with words and actions. Through effective listening and acceptance of all of the victim's thoughts, it is possible to affirm the right of the caller to her own feelings and being. It may

be the first time for a long while, if ever, that the caller has been accepted unconditionally.

Another essential quality to good crisis intervention counseling is honesty. Often the woman has been to various agencies for help and does not trust either the sincerity of the counselor or the idea that any concrete help is available. Be realistic in giving her accurate information about her options. If you do not know the answer to a particular question (especially legal questions), be honest but explore other ways that she can find answers. In helping her to assess her options, be realistic--don't raise false hopes. Also, be realistic in terms of what commitments you make to the woman.

Patience

Patience is a quality that may be very difficult. This is especially true when working with callers who endure repeated victimization. You must realize that it has taken years, perhaps, a lifetime, for a woman to reach this stage of victimization. A woman, who has been sexually and/or physically abused from childhood into adulthood, may take years to remove herself from the victim role. Many women will never make the changes that you hope they would and may be satisfied with situations that would be totally unacceptable for you, but it is still your role to support each woman when she makes her life decisions.

Many women involved in domestic violence decide to return to their abusive mates for a variety of reasons: Change is too painful. They need to be sure that there really is no hope for the future they have ambivalent feelings. Many will later leave again, perhaps permanently. The caller's decision in a given situation is often not what you would perceive as an ideal solution, however, as counselor, you must support the victim's right to make her own choice for the future. Also, remind her that you are available should she be in future need. As the counselor/helper, it is natural to expect every caller to change her life to fit your vision of her ideal, but you must patiently tune into where each individual woman is. What her values and experiences are, what resources and skills she has, and what stage of her life she is in, and what changes are realistic for her. If your support helps her move only one step forward toward a better image of herself and toward her definition of a better life, you have a right to feel good about your work.

Even though a counselor/helper demonstrates good counseling qualities and effective listening skills, they still may not have a positive feeling about every crisis intervention call. As a counselor, you may feel that you have been a help to someone exploring options or that the flow of the crisis intervention call was non-threatening and filled with mutual sharing, empowerment and support for the caller.

Telephone counseling allows the victim to resume her normal lifestyle as naturally as possible. She does not have to further disrupt her life by adding office visits. It also reinforces the view that the victim is considered "normal" prior to the assault rather than "sick" and in need of therapy. The victim does not have to assume the sick role.

Lastly, for some victims, it provides a less embarrassing way to discuss intimate topics than does face-to-face conversation.

Good Counselor/ Helper Qualities

The most important quality of a crisis intervention counselor is that he/she strives to become a good listener. Many other positive methods of communicating are predicated upon truly listening to the victim. Active listening is the process of "decoding" the words a person uses to express an idea or feeling and "feeding back" to the sender her decoded message for verification. In active listening the receiver/counselor/helper does not send a message of her own, such as: evaluation; logic; advice; analysis; or questions. The receiver feeds back only what she feels the caller's message meant, nothing more or less.

Active listening helps people rid themselves of troublesome feelings by encouraging the free expression of these feelings. In this way, active listening fosters emotional catharsis. It helps people become less afraid of feelings. When the counselor/helper accepts a person's feelings, she learns that her feelings are not "bad". Active listening promotes a relationship of warmth between the counselor and caller. The counselor gains understanding and appreciation through hearing. Active listening facilitates problem solving by the caller by helping her think through a problem out loud, using the Hotline worker as a "sounding board".

The person who is genuinely concerned and communicates this to the woman seeking help will be effective in the counselor/helper role. Showing a sincere interest in what the victim is saying will generally tell her that she is cared for as a human being. Showing this interest is one way the counselor can help the victim to talk freely. One of the main ways to communicate genuine concern is to listen carefully to the woman, to understand her unique situation, and let her know that you are hearing her. No woman fits the "profile of the victim" perfectly, so guard against making assumptions. The more you really listen to the caller, the more empathy you will develop and the better counselor/helper you will become.

Your approach to the caller/victim must be warm and accepting. She will not be feeling strong when she calls you and it is more than likely a big step for her to call for help. You can begin to establish a trusting relationship by accepting all her feelings and letting her know that you will try to help her and be her advocate no

matter what her situation might be. A critical or judgmental attitude may discourage her and turn her away without any help. Let your caller know that you believe in her as a fellow human being.

However, you may feel uncomfortable with the feelings, circumstances and/or pertinent facts relayed to you throughout the call. Remember, it is not necessary for you to feel comfortable with the victim's crisis, what they may be presently doing or what they may be considering for the future. However, you do need to be able to actively listen so that you can provide options for the present as well as the future. It can be valuable for you to be able to acknowledge to yourself the discomfort you may feel in dealing with the victim's decision, circumstance, and/or value system. As earlier stated, your own values do not have to alter to be an effective counselor, but you do have to be able to temporarily suspend your value system in order to effectively deal with crisis callers. Seek out program staff that will be able to discuss your discomfort with victims and/or their methods of dealing with victimization. You are encouraged to talk with staff and other volunteers for support. It is an acknowledgment of your own value as a human being to be able to discuss anxieties caused from another person's crisis.

Assessing Common Feelings and Responses of Crisis Hotline Callers

Initial Hesitancy

When the physically, mentally or sexually abused woman first calls for help, she is often anxious about seeking help, as well as upset about her present situation. You can reassure her even if she doesn't mention her anxieties, by letting her know where you are coming from as a counselor. First, reassure her that everything she says is confidential, and that you will not push her into any particular action (some domestic violence victims fear that you expect them automatically to get a divorce, for instance), but will support whatever decision she makes. Also, let her know that you are there to support her and help her to understand options, not to judge her, and that she need not feel pressured to share anything she does not want to share. In addition, you may want to mention that she need not be ashamed of being an abuse victim seeking help. If you take the initiative in mentioning these ideas during the first few minutes of the conversation (not in the form of a speech but in the type of comments and responses you make), it will help put some of her doubts to rest and she will be able to be more open with you.

Allowing Ventilation

During times of crisis and also in an ongoing oppressive situation, many feelings, which arise, such as fear, anger, and hurt, cannot be expressed. Either the situation demands action and leaves no time for emotions (e.g., a victim must run for her life) or because the feelings - especially anger - would further endanger her. These feelings then become "bottled up" and make the woman feel confused and unable to think clearly. Each time a painful incident occurs (such as a battering incident), or painful memories of past assaults resurface, unexpressed feelings reoccur, making it more difficult to respond effectively or to make decisions and carry them out. The victim becomes confused and it becomes further difficult to properly identify and differentiate feelings.

You can assist her in acknowledging these feelings by giving her permission and encouragement to ventilate them through crying, shouting, or shaking - whatever it takes to allow these feelings to surface. Often when a woman finally feels safe to ventilate these pent-up emotions, their release is very powerful. You can facilitate this process by reassuring her that ventilation of feelings is a healing process and will leave her more freedom to think clearly about her plans; encourage the support of free expression of these feelings. It is important for you to realize and communicate to the caller that emotions are often not rational and she may not wish to act on them, but in the context of ventilation, all feelings are accepted without judgment. It may also help to distinguish between ventilation, which is for the purpose of emotional release, and the taking of action - actions based on a process of decision -making will usually be better than those based on strong emotion alone.

Working with Specific Feelings

Learn to cope with emotional manifestations of the caller by dealing directly with them. Do not deny that the emotions are present. Emotional reactions such as distress, anger, depression, despair, denial, and anxiety must be initially dealt with before the person will be motivated or able to involve herself with coping alternatives related to the crisis situation. In many crisis situations, emotional reactions will be extreme. In order to work effectively, the helper must recognize her own prejudices, stereotypes, biases, and reactions during stress. Again, a worker's value system must be suspended (not forgotten or changed) to effectively deal with abuse victim

Powerlessness

Probably the most important value you can reinforce for a caller is the belief that they can resume or assume power in their life. A woman who has been raped recently may feel that power has been taken from her since she was forced to participate in sexual activities against her will. She may need help realizing that she can again take control. A woman who has been living in a mentally and/or physically abusive situation for years will also feel that she has no power over her life since she has been told this repeatedly over time.

At times you may be the only one who believes in the caller, and the most important time to communicate this support is when the caller expresses an inability to act. It may seem as though they need to be told what to do, and they may ask you to tell them what to do. It is easy for you to fall into the trap of deciding what you consider the best option for the caller rather than supporting her to decide for herself. This will reinforce the victim's feeling of powerlessness. This is the time to encourage her to take charge. Express confidence in her ability to decide for herself, and then guide her through the steps of sorting, summarizing, problem solving, decision-making, goal setting, and prioritizing to help her in realistic ways to take one step at a time out of her present situation. As she learns to use these skills, it will increase her actual ability to take charge for herself without your help. This process of restoring power to the woman or victim is often termed "empowerment counseling." Our programs are strongly committed to this type of counseling, as are most agencies involved in the battered and assaulted women's movements.

Low Self-Esteem

Many crisis intervention callers will have low self-esteem. Although callers may arrive at this state through different avenues, such as rape, incest or domestic violence, most have very little feeling of self worth.

When a woman is raped, she often is faced with responses influenced by the myths that society believes. (Such as, a woman asks to be raped because of the clothes she wears.) These myths and responses may make a victim feel that she will avoid seeking help. When she does call the crisis Hotline, she may feel that she is even less of a person. Not only was she responsible for the act, now she cannot handle the situation. Her sense of self-value is obviously quite low.

Adults who experienced childhood incest generally have a very negative self- image. They have a sense of being different and distant from "ordinary" people and express self-hatred. Since they have experienced the act of sex long

before their peers, they feel somehow different and that they "do not fit" with people their age. Adult incest victims may express their low self-esteem verbally to the Hotline counselor or they may demonstrate the lack of self-value by doing, or planning to do, something physically destructive. For instance, they may call the Hotline in an intoxicated state or threaten to take an overdose of pills. It is very important to remind the woman of your interest in her and her value as a human being to you. Tell her that it was not her choice-but force-that made her a victim.

In a domestic violence situation, the woman is often out of touch with her abilities and qualities. This low opinion of herself may be reinforced daily by her abuser and by her inability to change the situation. Although others may admire her special values and qualities, her opinion of herself is quite low. She will have little opinion of her values and qualities that others may admire. You can help by pointing out these qualities and help her list her assets.

The battered woman herself is probably not very aware of the victimization process she is experiencing or of the societal context in which she is being abused. You may be the first person from whom she hears that she has a right not to be beaten, a right to be respected as a human being, and a right to power over her own life.

No amount of compliments from you will ultimately ring true; however, until the woman begins to experience her own power and effectiveness. A realistic assessment of her resources, skills, and strengths will set the stage for her to structure her plans and goals in such a way that she can actually attain them and experience success. Your help is important in planning, encouraging her in carrying out her plans, and reinforcing her success. This process will, in turn, build her self-esteem.

Fear

Fear is a feeling common to most victims of abuse and/or assault. Fear may be encompassing for the caller. It may be a part of the past, present and/or future and it may seem impossible for the victim to realize life without the element of fear being evident.

Fear is a very real, daily part of the domestic violence victim's life. She is always anxious, not knowing when the next attack will come, arid often this fear becomes such a part of her life that she accepts timidity and apprehension as normal. You can help her recognize this fear as a response to the constant threat of violence and help her assess how realistic it is at any given time. Practical suggestions, such as knowing where she will run if he starts after her, changing the locks if he has left, keeping her address confidential when she separates, and alerting police can go a long way toward reducing her fears.

The primary feeling expressed by rape victims is fear. After someone is raped, it is logical for her to experience a great deal of fear. She was in a very frightening situation in which she was out of control of her life. Help her to be specific about what her fears actually are. Then help her to find alternative ways to be as comfortable as possible. For example, is she afraid of an intruder coming into her home? New locks, a roommate, moving, a dog or an alarm system may help.

Don't try to reassure a victim that it won't happen again. There is absolutely no way that you can know that. Any alternatives that the two of you can think of that will de-intensify her fears are needed. For the adult who has experienced childhood incest, fear may have been a continual feeling during her growth years. The fear of the repeated possibility that her molester will again approach her is something the child begins to assume as part of her daily life. The child victim may imagine horrible consequences if someone finds out what is happening in her family. Her fears are often carried to later life. She may fear everyone will reject her if they only know about her life. As a crisis intervention counselor, it is very important that you reassure her that you accept her. Even if you do not find her behavior acceptable at the time, it is necessary to remind the victim that she is valuable as a human being.

Anger

Another probable emotion for victims of assault or abuse is anger. During different stages of victimization for domestic violence or sexual assault victims, degrees of anger are evident in varying amounts. Calling the Hotline and speaking with the crisis intervention counselor is one positive option available to the victim to alleviate some of her anger.

The battered woman will invariably be feeling angry, but this will probably be the hardest emotion for her to acknowledge. She may internalize her anger as guilt, depression, or physical illness, or she may displace it onto you or others. As women our anger is not accepted and most women have a hard time expressing it; the battered woman not only has the burden of this stereotype but the fear of her abuser's increased rage. You can help by letting her know that it is inevitable for a person to feel anger toward someone who hurts them, and helping her find ways in which she can feel safe to begin to get in touch with her anger.

If she has been repressing it, she may feel overwhelmed by it at first, and you can help her accept it as a part of herself, ventilate it, and then find constructive channels for the energy released by this process. Anger understood can be the fuel for a great deal of action. Particularly, do not let yourself be frightened by her anger, and help her differentiate between feeling angry and acting it out (such as killing her husband). Again, you support the feelings, but not

acts of violence.

Anger is a common feeling after a rape. It is also very logical and appropriate. As a Hotline worker you will need to learn to become comfortable with intense anger expressed by callers. Often hidden behind other expressions or feelings, anger may then be directed at another person, such as the volunteer. Her anger may also be turned inward, producing anxiety. Once again, try to help her in being specific about her feelings. Are other feelings besides the anger being shown? Powerlessness? Frustration? Despair?

You may get a call in which a victim/survivor says that she is going to kill her batterer or the rapist, or have a friend "take care of him." Don't let your fear get in the way of discussing this with her. Help her to look at the pros and cons of this as a plan. What are the consequences of this behavior? Most callers will calm down after awhile and view the situation more clearly. You could ask her what are the possible alternative ways to get satisfaction without putting her in jeopardy?

Anger is typically evident in adults who have experienced childhood incest. They may feel great anger toward the perpetrator for having spoiled their youth and for having made their life different from what they feel it ought to have been. Adult incest victims may also feel anger with their mother or another family member as well. This is especially so if her/his mother or the other family member was told what was happening to the child and either did not believe him/her or did nothing to stop the abuse. In order to become an adult incest survivor, it is necessary for the victim to be able to come to terms with the anger she/he feels toward her/his mother or other family members. As crisis intervention counselor, you must support the caller and help him/her work through the anger. It may be necessary to help the victim realize toward who or what his/her anger is directed. Is the anger directed toward self? Mother? Father? Lost childhood? It may even appear that the victim is directing her/his anger toward the Hotline worker. It is important to realize that a caller may misdirect her/his anger toward the helper. This caller may appear to be abusive to the crisis counselor. Don't hang up or be abrupt with the victim. That is probably what he/she expects.

Try to help her/him define the source of the anger and redirect it to its source. It is only after these steps that the victim will be able to come to terms with her/his anger.

Guilt

Guilt is another common feeling that may be expressed by those calling the Hotline. Victims of sexual assault or domestic violence often feel guilty for the situation in which they find themselves.

Many rape victims feel guilty after a rape. Our society tells them that "only

bad girls get raped" and that women want to be raped. She, in fact, may have believed these myths before she was attacked. She may feel responsible for the rape because she was out late at night, because she didn't have good locks on her house, or because she opened her door to the rapist. Your job is to help her to look at the ACTUAL events very carefully and in a systematic way and to separate what may be at most an error in judgment (i.e., opening the door) versus responsibility for the rape itself.

Help her to be open about her guilt feelings. All aspects of her guilt should be worked through. (You may not be able to do this within the course of one phone conversation.) She should not, however, under any circumstances feel she deserved to be raped. This guilt should be redirected into appropriate anger that a crime has been committed against her.

Don't be quick to reassure her. First, allow her to explore and examine the guilt she feels. Just because you, the counselor, believe that she is not guilty doesn't mean that she will too. Reassurance, too heavy and too early can be a conversation stopper - if she disagrees with your reassurance she may not say so because she doesn't want to come across as rude. One of the most valuable things you can give her is your time and support.

A woman suffering physical and/or mental abuse often feels responsible or guilty for having caused the abuse. The idea that she causes her attacker's violent outbursts must not be accepted. Although there may be things she does which trigger an attack, it is important for you to let her know that you do not accept any action as justification for violent attack. Even if his anger over an action of hers may be understandable and justifiable, the choice of violence as a response is his responsibility and is not her fault. The guilt she feels is more likely internalized anger which she will begin to feel and to direct more appropriately at her attacker as she understands the difference between his right to be angry at her and his choice of directing violence at her.

If the victim has also used violence (except if necessary in self-defense), you can help by being accepting of her anger, frustration, and desire to hurt or even kill him, but not of the violent response that will only make the situation more volatile and dangerous. Instead, you can help her find other ways to confront her situation that will move away from the violent cycle, rather than perpetuating it.

In a similar way, a victim of incest sometimes feels responsible or guilty for not having said no to his/her abuser. She/he may feel that there is something wrong with her or she/he would not have been singled out for the abuse. An incest victim must be reminded, countless times if necessary, that the abuser chose his behavior. She/he did not cause it. She/he may feel even guiltier if the act itself was thought to be pleasant. Help the victim realize that it is normal response to enjoy a sexual experience. She need not feel guilty for, on some level, enjoying the attentions of

the perpetrator. Do not deny the person the opportunity to express her/his feelings of guilt, but help her/him to work through those feelings into the realization that she/he is not responsible for the incestuous act.

Ambivalence

Ambivalence is caused by the need to retain control while there is a loss of control. Reaching out for help while trying to manage by oneself produces a decrease in self-esteem and leaves an individual extremely vulnerable. Victims of domestic violence and sexual assault feel the need to retain control while there is, at the same time, a loss of control.

Rape victims have had control taken away from them and they often feel that control over their life may not be restored. The need to reach out for help in regaining a sense of control, coupled with the need to own control of her life, can cause the victim to appear ambivalent during crisis-intervention Hotline counseling. It is important to realize this as ambivalence and not an unwillingness of the victim to realize that in reaching for help she is beginning to regain control of her life, she may become less confused or ambivalent in accepting supportive counseling.

In dealing with a victim of domestic violence, it is essential for you to understand that the battered woman is ambivalent about her situation, as well as her conflictive feelings of control. One conflict that she feels is between her love for her mate and her anger/fear/hatred toward him. Even if the abuse is severe, the abuser's remorse is usually very real, and it is easy to forget about the bad times when things are calm and to hope that this time things will really change. It is important for the woman not to be criticized for loving her mate, and for you to support her, to acknowledge and examine all her feelings about him. There will be grief and a sense of loss if she decides to leave him, and these feelings are as real and important as the relief and new sense of freedom she will also feel. The acceptance of her positive feelings for him is an important step in letting go.

Masochism

Victims of domestic violence or sexual assault have often been accused of being masochists. “They must have wanted it or it wouldn't have happened." Many women have been told by psychiatrists or friends that they must like being beaten or they wouldn't have stayed. In the case of a rape victim, a woman is told she must have wanted it or she wouldn't have been in that part of town at night. Some victims have begun to accept this explanation and incorporate it into their view of

themselves as a failure. Let your caller know that you do not support this explanation. For a woman of domestic abuse, help her to look at all the reasons she has stayed. When she really looks at all the practical reasons, for feelings of powerlessness, her ambivalence and her internalized negative self-image, she will realize that she does not, in fact, enjoy the abuse but rather - did not know how to change it. Positive feelings connected to the abuse may have been an effort to survive emotionally in unavailable situation. For a woman of sexual assault, help her to remember the reasons she made the choices she did at the time. Would her life have been in jeopardy if she had resisted? Help her to realize that she did not ask to be assaulted.

Counseling Requests Made by Victims During Crisis Intervention Counseling

Telephone counseling is a valuable crisis technique in dealing with emergency and ongoing crises. After ascertaining that a caller is not in an emergency crisis situation, specific types of requests may be made. These requests may be made in different phone calls or many requests within one call. Crisis intervention counseling requests include, but are not limited, to concern, ventilation, advice and clarification. The request of the victim is considered a key in counseling the victim. The counselor should listen to the victim's request carefully and then respond appropriately to the request. This action shows the victim she is taken seriously and has the support of the counselor aiding her in the settlement of the crisis state.

Confirmation of Concern

The confirmation of concern request is made by most callers in their initial call and often many subsequent calls. The caller needs to be aware that you, as a crisis intervention counselor, have genuine concern for her and her well being. Key phrases are often used by callers. "I'm not sure that I have the right number or I'm calling the right place", or "It's nice to know you are available." Such requests indicate the caller's need for reassurance that she/he has called the right place and you are available for support to listen.

Ventilation

The request to ventilate is evident in most victims calling the Hotline. Many are aware that they have been wronged and want an opportunity to vent their anger. Victims in this category usually talk spontaneously about their experience or situation with a strong focus on their feelings. The counselor's role with the request for ventilation is to allow the person to talk as freely as she wishes, to be alert to any questions she may ask, and to provide some perspective on her management of lifestyle and/or options. The victim with the request for advice explicitly asks the counselor for alternatives, or what to do about certain legal, social, physical, or psychological problems. She may ask the counselor whether to stay with her abuser or leave, to press charges against the assailant, go to court, drop charges, or tell family, friends, employers, or other people. The counselor is regarded as a person with the information to suggest possible alternatives.

Victims requesting advice freely express their thoughts and feelings, but they also go one step further than those requesting ventilation. Victims requesting advice have questions to ask about specific problems. Options and/or other resources may be given by the crisis intervention counselor. The Hotline worker can provide information and alternatives from which to choose, but must be careful to allow the victim to make decisions on her own.

CLARIFICATION

The victim who asks for clarification specifically wants to think through the crisis and settle it for h herself. This request is to talk and relieve herself of the burden of the crisis. The victim requesting clarification wants some help in putting the crisis into perspective and help in settling the crisis psychologically for herself. The victim reacts quite positively to all encounters with the counselor and usually is quite relieved to have someone available to her. This victim has a conscious wish to sort out the conflicting thoughts and feelings and to actively work on settling the crisis. She is able to acknowledge the distress it causes her and the disruption it has made in her life. The victim talks easily and answers questions in detail; she asks questions and is aware of the relationship between the crisis and her thoughts, feelings, and actions. Definite stages of crisis settlement can be documented through victim reporting. The victim can seek out referrals given to her and usually is quite definitive in her actions.

Learning about and understanding the victim's request enables the crisis intervention counselor to provide better intervention. When the counselor learns

what the victim wants, an important alliance is made because the victim has been listened to carefully and with respect. The term "respect" is used in the sense of paying attention to, observing carefully, and appreciating the worth and dignity of the person. The counselor communicates this to the victim by taking her seriously, by being honest, by listening well, and by regarding the victim as a person instead of an object. Such an attitude helps to restore the emotional and social equilibrium unavailable to the victim during the rape, following a rape when dealing with other people, or during a recovery period after leaving an abusive partner.

Paying attention to the telephone request is a good crisis intervention technique. The approach enables the victim to participate in her own empowerment. Understanding the telephone request enables the counselor to provide the appropriate response. Understanding the request reduces and contains the sense of helplessness and powerlessness the professional might feel in dealing with the victim. The helper can do something for the victim provided that they first can ascertain jointly what needs to be done. The victim's request becomes the guide as to how passive or active the counselor must be to best deal with the request. Varying qualities and quantities of verbal therapeutic activity are needed to meet the victim's requests, both on initial and following calls.

The importance of making a correct assessment of the request is evident. If the victim asks for confirmation of concern, a passive or non-direct approach probably would anger or upset her. She needs to know what the counselor is thinking and feeling in order to check out her own perceptions. The victim who wants ventilation responds best to an interested, respectful listener. The victim who wants advice had to be provided with alternative ways of handling a situation so she can choose. The victim who wants clarification needs to have definite feedback as to her progress and some possible reasons for her reactions and feelings at specific time intervals.

-Adapted from *Counseling The Abuse Victim*, by Linda Shaw for PCADV
Women's Services, Westmoreland County

Telephone Procedure

I. Stress must be placed on the victim/survivor's security and confidentiality

- *Counselor must never divulge information about a victim/survivor nor the /location of the hotline, shelters, etc. to anyone.* This applies to other social service providers as well. If they ask for locations simply state that for the safety of the women we do not give out that information. Give them the hotline number to contact them.
- *You may also come across a call from someone you know or a*

call *that comes too close to your own personal experiences for you to handle.* I n cases such as these, it is much easier to get another counselor to call the person back or turn the case over to someone else.

2. **Actual phone work**

- *Answer phone "Hello. Women's Center, may I help you?"*
- Follow phone procedures for call forwarding, call waiting and shelter average (coordinator will explain these procedures).

3. **Unusual Phone Calls**

When a man calls for information on his wife, girlfriend, etc.

- Play dumb act like you know nothing
- Stress confidentiality

When you call a woman to follow up and a man answers

- Pretend you are Sears calling
- Pretend you are Avon calling
- Pretend you are a magazine salesperson
- You can use any other ideas you may have

4. Crisis Calls

- Woman being beaten while speaking on phone
- Woman threatening to beat her children
- Woman threatening to commit suicide
- Woman threatening to retaliate with violence against husband

REMEMBER: Don't panic, you are there to listen and that is all that is expected of you. If possible try to get a name, address and phone number in case you have **to intervene.** *Adapted from Lutheran Settlement House*

ASSESSING THE EMERGENCY OF THE CRISIS

For purposes of the training manual, we will define an emergency call as one in which the caller is in immediate danger or has just been abused, and you may have to take action other than just talking to her. In handling emergency calls, the focus is not as much on in-depth counseling as it is on gathering essential information as quickly as possible, in order to appropriately handle the emergency. Often the beginning of a call will sound like an emergency but as you ask the first few questions, you will find that the woman is not in immediate danger but feels very upset and needs to talk; this type of call is a counseling call, and your focus will be on supportive/options counseling.

PROCEDURE

Assess the Immediate Danger

The following are some things to consider for either a domestic violence or a sexual assault victim:

- Is she safe at the moment?
- Does she have children? Are they in danger?
- Has she been injured?
- Was there a weapon involved?
- Where is she?
  (current location/phone number if she wants you to return her call)

Offer as an Option:

- That she calls the police.
- That she can get herself (and her children) to the safest place available.
- That she can come to our emergency shelter if she is appropriate for shelter and has no friends or relatives with which to stay.
- That she can ask police to take her to the hospital if she has been injured or to be checked for possible injuries, venereal disease, etc.
- That she can call the Hotline back after she is in a safe place, or ready to come to the shelter.
- That she can have an advocate meet her at the hospital if she chooses.

If She Doesn't Want to Call the Police:

- Offer her the option to make a police report even if she doesn't want to press charges--a police report now will help her get more protection later if she needs it, or later decides to press charges.
- Offer her the option to go to the hospital, even if she thinks she has not been “hurt enough" to necessitate seeking medical attention. She may have internal injuries. Also, a hospital report is important if she should decide later to press charges. Learning to take care of herself is one of the first steps in the recovery.
- Talk to her about her safety for the night, her options, and plans for follow-up.
  - Talk to her about safety issues for the future.

-Adapted from Counseling the Abuse Women Linda Shaw for PCADV Women's Services, Westmoreland County

Life and Death Emergencies

There are times when you will step out of your role as a supportive counselor and take action, with or without the woman's permission. You will be most apprehensive about improbable life and death crisis you can imagine. What if a call is interrupted by screaming, sounds of struggle, or gunshots, or the phone goes dead, or the woman says that she's just cut her wrists or has taken 35 aspirin? Although this kind of situation may not happen to you, you will feel more comfortable about being on call if you know what to do. Also, all suicide threats and drug crises are not necessarily life and death emergencies.

The general guidelines, ***if a life is in danger, call the police.*** If you have good reason to think that something is happening right now which is endangering a life, it is your responsibility to call the police. This is the only time that confidentiality does not apply. Of course, in most cases you will not be calling the police without the permission of the victim. Extreme emergencies in which you must act without the permission or knowledge of the caller will be very rare, but in case it happens, this is the procedure:

1) If you know the address or phone number, call the police immediately, and give them all the information you have. If possible, call from another phone to keep the line open to the victim.

2) If you do not know the address, and the phone line is still open, you can have the call traced. Leave your phone open, get to another phone, call the operator, and ask for the supervisor. Tell her the situation, and ask her to trace the call. Tell her any shred of information you may have which would help her locate the caller, such as the name of the town, the first three letters of the phone number, whether it is a pay phone. She probably will not tell you any information, but she will call the police if she can locate the source of the call.

3) If the phone is dead or the woman has hung up, there is nothing you can do. If you have any information at all about her, call your local mental health emergency number. They may recognize her as a client of theirs and be able to help her. At the very least, you will be upset yourself, and you can voice your concerns to them--they are also on call all night and are very supportive.

SUICIDE

Occasionally a caller will tell you that she is going to kill herself. Here are some basic guidelines to help you in handling suicide calls and to reduce some of your own anxieties in dealing with them.

First, try to find out if she has already wounded herself or taken a drug overdose. If so, try to find out her address and send an ambulance (see the section on Life and Death Emergency). Try to get across the message that you care and that her life is important.

Your focus in talking with a suicidal caller is to avert the suicide and get her connected to some ongoing resources to deal with the problems leading up to suicidal feelings. In the immediate crisis, venting feelings helps reduce tensions and makes it easier for her to postpone suicide, but information on how to deal with the battering situation is also essential in giving her hope of being able to deal with the problem.

In talking with a suicidal person remain calm, interested, assured, and accepting. Keep your voice firm, but soft and reassuring and try to create a non-threatening atmosphere to discuss and confront her feelings. Don't overwhelm her with questions, but do be direct and open about her suicidal feelings. "Have you been thinking of taking your life, considering suicide, etc.? "Why do you want to kill yourself?" Realize that suicide is a real alternative that some people choose; what you want to do is get to the feelings behind her wish to kill herself and help her find other alternatives.

Once you begin talking about her feelings, you will probably find that she is feeling unhappy, hopeless, confused, and all other feelings you are familiar with in helping battered women. The loss of a loved one, through divorce, separation, or emotional distance, is a frequent cause of suicide attempts even if the loved one is also an abuser. Also, a woman who feels very dependent on her abuser may feel unable to keep living if her situation demands that she consider leaving him or if he leaves her.

The suicidal feelings may stem from anger misdirected toward herself rather than her abuser. And finally, a suicidal threat may be a desperate attempt to communicate to the abuser her frustration and to make him pay attention to the seriousness of the situation. Helping her identify her feelings, and express them more clearly and directly, either toward her partner or by taking action to change

her situation, will help her move away from the suicidal crisis.

Most people who talk about killing themselves are looking for someone to stop them. They are usually not 100% for suicide (unless they are already dead), and you don't have to make them 100% for life either. When they call for help they are probably 49% for life and 51% for suicide and your understanding, support and information can make the *2%* difference in getting them on the road to a more positive alternative.

SOME COMMON MISTAKES:

1. Trying to "talk her out of suicide" by moral sanctions, by arguing about the value of life, and by telling her she would be letting people down, or by trying to convince her that things are not really that bad, are common inappropriate responses. Things may well be "that bad" and you yourself might think her life is not worth living without some very major changes. These types of responses probably indicate that you are scared or uptight. They don't work because they don't deal with either her feelings or the realities of her situation.

2. Never doubt her intentions to commit suicide; never make fun of her or laugh at her. Don't say "you're crazy" or "That's wrong". Don't argue with her or hang up on her.

SPECIFIC ACTIONS YOU CAN TAKE:

1. Try to get her to make a commitment to take a specific action the next day, hopefully one that will be a step in changing her situation.

2. Try to get someone to stay with her or get her to go stay with someone. Ask her about friends or relatives who can help her, or get her into some sort of emergency housing. Try not to leave her isolated. At the very least, make sure she has the numbers of several crisis lines. Make a contract with her as to when you will contact each other.

3. Help her mobilize whatever resources are available in her life, and help her make connections with appropriate referrals. This is a situation in which you should take an active role both in suggesting referrals and helping her contact them. Avoid doing things behind her back; and let her know what your ideas are and why you think it is important for her to have support from others.

As a final reminder, remember that most people will end up not killing themselves if you give them the chance. The important thing is to communicate concern, not to take their feelings lightly, and help them find real alternatives. However, remember they are ultimately responsible for themselves and if they are really intent on killing themselves, you may not be able to stop them. If you have done your best, nothing more is expected of you.
--From Counseling *the* Abuse Victim**,** by Linda Shaw for PCADV

If a Woman is in Danger

1. Find out if she can leave the house

- ✓ Ask if she can go to a **friend/relative/neighbor/shelter--any** safe location where she can then call you.
- ✓ Ask if she can come directly to the shelter
- ✓ Remind her to take money, identification, and important papers with her if possible.

2. If she cannot leave--be practical

- ✓ Lock door/barricade entrances.
- ✓ Have **neighbor/friend/relative** come over.

3. Call Police--let her know they are not always prompt and that it does not oblige her to press criminal charges.

This is also a chance for her to leave if she wishes. She can ask the police to transport her to a safe place (police station, hospital, etc.) where she can then call you for further information.

4. If you must call police:

* identify yourself as a volunteer for the Hotline
* state the facts clearly
* be firm and polite
* you have knowledge of a crime in progress and as a citizen you have a right to expect police response always request name of police officer to whom you speak and note time of call

5. All calls are recorded on intake sheets.

Procedures for recording intakes will be explained hotline coordinator/trainer.

-From Lutheran Settlement House

CRISIS INTERVENTION TECHNIQUES

Taken from the ***Domestic Violence Handbook for Court Administrators and Prothonotaries,*** the section has been reworked to provide some helpful steps for responding to the woman in crisis while remaining supportive and sensitive to her feelings.

1. Do not try to ignore the victim's tears.

Offer tissues and a gentle word: "I understand that this is a difficult time and you may be feeling overwhelmed - that's normal." Sometimes simply touching the victim's hand is enough reassurance - it provides a warm human link. Ask permission before touching.

2. If at all possible, when victims are visibly upset or noticeably injured take them aside where you can talk privately. .

It is understandably humiliating to be crying or badly bruised while trying to ask for assistance, especially when other unknown people are nearby.

3. Be aware of the victim's physical state.

If the victim seems dazed, unable to focus or listen, shaky or weak, this can signal more than emotional distress. Be alert for the need or medical attention. If a victim relates that a beating recently occurred, inquire if she has sought medical attention, and/or suggest that she do so.

Also, while in crisis, many victims forget or do not take time to eat. Having a supply of non-perishable food on hand to give to victims can be invaluable. It helps victims calm down and focus on the problems at hand, while communicating that you are concerned for their well being. Healthy snacks also calm restless children!

4. **Tell victims they don't deserve to be abused.**

Many victims feel that they are somehow responsible for the attack. Assure victims that they are not responsible for the abuse and that they don't deserve to be beaten. While we can look to societal values, our violent culture, stress, rigid role expectations, etc., to help understand violent behavior, none of this justifies abuse. It is important for victims to understand that specific reasons offered for abusing them are excuses for violent and brutal acts.

5. Tell victims that they are not alone.

Many victims feel that they are the only ones in such a situation. Victims may be feeling alone, crazy, different, weird, etc. They need to hear that those feelings are normal, and that most victims experience them. We often use such statements as I can't imagine ..." or "I can't believe that happened to you ..." to express our horror and shock at a situation. Yet such incredulous statements leave victims feeling isolated and different. Reaffirming that what they are feeling is real and normal, and that other victims have expressed similar feelings, helps the victim to not feel alone. You might say, "I have learned so much from the battered women seeking protective orders. Domestic violence happens to many women. Other women have told me how hard this is. I respect each of you."

6. Do not make negative remarks about the abuser.

There is a difference between telling victims that abuse is undeserved and that abusers are horrible people. Negative remarks about abusers communicate the judgment that they are bad people. This is not the appropriate way to show empathy for the victim's situation. Furthermore, victims are often sympathetic to the abuser's problems. While they may speak very negatively about their abuser, they will probably be defensive if you make such remarks.

7. Suggest the victim assess the abuser's dangerousness.

Victims also need to understand that batterers are not "out of control," and although many may "act crazy", few are suffering from mental illness. Yet, some batterers are very dangerous. A battered woman may want to seek assistance in evaluating how dangerous and potentially homicidal her abuser may be.

8. Suggest the victim start safety planning.

Some battered women believe that protection orders are ironclad guarantees of safety. Protection orders deter batterers, however, only if they are fearful of the consequences of violation of the order. The effectiveness of protection orders also depends upon the speed and effectiveness of police enforcement of orders. Thus, battered women need to make back-up safety plans.

9. Acknowledge that the victim is very courageous.

Battered women may be incredibly fearful when they come to our program. If the battered woman appears to be scared or anxious, you might want to ask her if she is experiencing these emotions. I f she is, it may be very helpful to recognize her courage.

DEALING WITH POTENTIALLLY SUICIDAL BEHAVIOR

Occasionally a volunteer may encounter a victim who is suicidal or contemplating suicide. The first step is to identify a victim if he or she is contemplating suicide if they seem very depressed or agitated, or if the volunteer has a "gut-level" feeling that this is the case. Suicide is a crisis for the volunteer and victim. To the volunteer, it may be a crisis because a victim's suicide may infer failure. The volunteer dealing with suicide must face his or her own mortality - death is a part of life. These are natural reactions for the volunteer.

Talking about suicide is a method of communications. Asking someone if they are contemplating suicide is not going to precipitate the victim into committing suicide. It may actually relieve some tension in the volunteer and the victim and allow each to talk about the underlying reason that the victim wants to commit suicide.

Don't burden the victim with your moral views on suicide. Your job is to deal with the immediate suicide threat, not to determine whether it is right or

wrong. Some suicidal persons feel guilty and a lecture on morality will only increase this guilt.

The procedure to follow is:

- Establish a line of communication
- Try to have the victim decide to get rid of any lethal weapons;
- Find out what precipitated the crisis;
- Determine the resources available to the victim and get the victim interested utilizing one of them. Remember: the victim can always put off committing suicide until tomorrow and **try** a referral first;
- Attempt to get the victim to turn his or her anger outward;
- Your responsibility ends when the call or contact ends. You are not responsible for another person's life.

Many suicide attempts are calls for help. People who really want to commit suicide usually do so, without telling anyone about their desire immediately before the attempt.
--From Women's Services, Westmoreland County

Myth: "People who talk about suicide won't really do it."
Fact: Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain is not necessarily a sign of mental illness.

Myth: "If a person is determined to kill herself, nothing is going to stop her."
Fact: Even the most severely depressed person has mixed feelings about death, wavering until the very last minute between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

Myth: People who commit suicide we people who were unwilling to seek help."
Fact: You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true--bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Module 7 – Reading 5-3

Common Misperceptions About Suicide

"People who talk about suicide won't really do it."

Not True.

Almost everyone who commits or attempts suicide has given some clues or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," "I can't see any way out," - no matter how casually or jokingly said, may indicate serious suicidal feelings.

"Anyone who tries to kill herself must be crazy."

Not True.

Most suicidal people are not psychotic or insane. They are upset, grief-stricken, depressed or despairing. Extreme distress and emotional pain is not necessarily a sign of mental illness.

"People who commit suicide are people who are unwilling to seek help."

Not True.

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

"Suicide among children is extremely rare."

Not True.

Suicide among children between the ages of 5 and 14 is more frequent than most of us suspect; the National Center for Health Statistics in 1989 placed suicide as the 6th leading cause of death among children in this age group. Risk of suicide increases as children age, with the teen years being the highest risk, but even children under 5 have been described by doctors and psychologists as clearly suicidal. Suicide tactics among children include jumping from heights, ingesting poison, running into traffic, hanging themselves, drowning themselves, and shooting or stabbing themselves.

"Talking about suicide may give someone the idea."

Not True.

You don't give someone the idea to commit suicide simply by talking about it. The opposite is true - bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

HOW TO DEAL WITH POTENTIALLY SUICIDAL PEOPLE

1. **Recognize Signs of Depression and Suicide Risk**

- ❖ Change in personality-sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
- ❖ Change in behavior--can't concentrate on school, work, routine tasks
- ❖ Change in sleep pattern--over-sleeping, or insomnia, sometimes with early waking
- ❖ Change in eating habits--loss of appetite and weight, or overeating
- ❖ Loss in interest in friends, sex, hobbies, activities previously enjoyed
- ❖ Worry about money, illness (either real or imaginary)
- ❖ Fear of losing control, going crazy, harming self or others
- ❖ Feeling helpless, worthless, "nobody cares", "everybody would be better off without me"
- ❖ Feelings of overwhelming guilt, shame, self-hatred
- ❖ No hope for the future, "it will never get better, I will always feel this way"
- ❖ Drug or alcohol abuse
- ❖ Recent loss--through death, divorce, separation, broken relationship, or loss of job, money, status, self-confidence, self-esteem
- ❖ Loss of religious faith
- ❖ Nightmares
- ❖ Suicidal impulses, statements, plans; giving away favorite things; previous suicide attempts, or gestures

REMEMBER: The risk of suicide may be greatest as the depression lifts.

2. Do not be afraid to ask "Do you sometimes feel so bad you think of suicide?"

Just about everyone has considered suicide, however, fleetingly, at one time or another. There is no danger of "giving someone the idea." In fact, it can be a great relief if you bring the question of suicide into the open, and discuss it freely without showing shock or disapproval. Raising the question of suicide shows that you are taking the person seriously and responding to the potential of his/her distress.

3. If the answer is "Yes I do think of suicide," You must take it seriously and follow it through.

Have you thought how you'd do it? Do you have the means? Have you decided when you would do it? Have you ever tried suicide before? What

happened then? If the person has a definite plan, if the means are easily available, if the method is a lethal one, and the time is set, the risk of suicide is very high. Your response will be geared to the urgency of the situation as you see it. Therefore it is vital not to underestimate the danger by not asking for the details.

4. Do not leave a suicidal person alone if you think there is immediate danger

Stay with the person until help arrives or the crisis passes. Nearly everyone can be helped to overcome almost any kind of situation which might destroy their self-confidence, if they have someone who will listen, take them seriously, and help them feel worthwhile and wanted again. Common to almost every suicidal crisis is a strong ambivalence: "I want to kill myself, but I don't want to be dead--at least, not forever." What a suicidal person wants is not death, but some way out of the terrible pain of feeling, "Life is not worth living, I am not fit to live, I am all alone with this, I don't belong, and nobody cares." After being allowed to unburden--without interruption, without being judged or criticized, or rejected, or told what to do--the tension drops, the pain is relived, and the suicidal feelings pass--maybe not forever, but for now.

Your job is to listen. I f you can't get the person to talk, if the person is hallucinating or influenced by drugs or alcohol, if the danger of suicide is imminent and the means are available, get professional help. Do not try to do it alone.

--From Centre County Resource Center

Evaluation and Emergency Management of Severe Depression and Suicidal Persons

I. Characteristics

Crisis - The suicidal person is usually in the midst of crisis. Principle factors: an intolerable problem, feelings of hopelessness and helplessness. Pressure from these feelings is what forces her toward some action for immediate solution.

Ambivalence - Feelings of wanting to live and wanting to die - both occurring at the same time.

Communication - Feeling unable to cope with a problem and feeling that others are not perceiving or responding to her need for help.

II. Evaluation of Suicide Potential

Suicide Plan
*Serious caller - has detailed plan for suicide (how, where, when).
*Threatening caller - "I'm desperate, please pay attention to me."
*Loss of loved persons by death, divorce, and separation.
*Loss of health through sickness, surgery or accident.
*Threat of prosecution, criminal involvement or exposure.

Symptoms
*Severe depression - sleep disorder, loss of appetite, weight loss, social withdrawal, loss of interest, apathy and despondency, severe feelings of hopelessness and helplessness, and feelings of physical and psychological exhaustion.
*Psychotic - delusions, hallucinations, disorientation, highly unusual ideas and experiences.
*Agitated depression - unable to tolerate pressure of feelings and anxieties--marked tension, fearfulness, and restlessness

Resources for Communication
*Family, relatives, close friends, physicians, clergy.
*Alarming signal - when communication with others has been severed or is or is non-helpful or rejecting or denying of the problem.

111. How to handle severe depression – on the phone

Determine Severity of Depression by Asking:

- ✓ How long have you felt this way? (lonely, depressed, unhappy).
- ✓ How have you handled these feelings in the past?
- ✓ Is there someone you can depend on the help you through this? Family? Friends?
- ✓ Are you worried about your depression? What are your fears?
- ✓ Do you need help now?
- ✓ Are you under the care of a professional? A physician, a therapist?
- ✓ Are you on medication?

Action to Take

If the person is under professional care - after listening sympathetically to the problem, refer back to professional.

If the person is not under professional care, make a referral to mental health agency or private therapist.

Reinforce resources and options.

-From Women's Center, Montgomery County

Lethality Scale for Assessment of Suicide Potentiality

In assessing "suicide potentiality," or the potentiality that a person might carry out his/her threat to take his/her own life, the Los Angeles Suicide Prevention Center uses a "lethality scale" consisting of the following categories.

1. Age and Sex. The potentiality is greater if the individual is male than female, and is over 50 years of age. (The probability of suicide is also increasing for youths.)

2. Symptoms. The potentiality is greater if the individual manifests such symptoms as sleep disturbances, depression, feelings of hopelessness, or alcoholism.

3. Stress. The potentiality is greater if the individual is subject to such stress as the loss of a loved one through death or divorce, the loss of employment, increased responsibilities, or serious illness.

4. Acute vs. Chronic Aspects. The potentiality is greater when there is a sudden onset of specific symptoms, a recurrent outbreak of similar symptoms, or a recent increase long-standing maladaptive traits.

5. Suicidal Plan. The potentiality is greater in proportion to the lethality of the proposed method, and the organizational clarity and detail of the plan.

6. Resources. The potentiality is greater if the individual has no family or friends or if her/his family/friends are unwilling to help.

7. Prior Suicidal Behavior. The potentiality is greater if the individual has evidenced one or more prior attempts of a lethal nature or has a history of repeated threats and depression.

8. Medical Status. The potentiality is greater when 'there is chronic, debilitating illness or the individual has had many unsuccessful experiences with physicians.

9. Communication Aspects. The potentiality is greater if communication between the individual and his/her relatives has been broken off, and they reject efforts by the individual or others to reestablish communications.

10. Reaction of Significant Others. Potentiality is greater if a significant other, such as the husband or wife, evidences a defensive, rejecting, punishing attitude, and denies that the individual needs help.

The final suicide potentiality rating is a composite score based on the weighting of each of the ten individual items. Another interesting approach to the assessment of suicide potentiality involves the use of computers and actuarial methods to predict not only the risk of suicide, but also of assaultive and other dangerous behaviors (Greist et al., 1974). Clinicians find this information helpful in making decisions regarding treatment for individuals who are potentially suicidal -- e.g., decisions regarding the amount of controls needed or the amount of freedom that can safely be allowed.

From Centre County Women's Resource Ctr.

Module 7 – Reading 5-4

Suicide Intervention: Questions You Should Ask

YES	"Are you thinking of killing yourself?"	NO
YES	"Do you have a plan?"	NO
YES	"Is the plan realistic/specific?"	NO
YES	"Are the means for the plan available?"	NO

If the answer to the above questions is "NO," treat as a depression.

YES "Have you taken or done anything?" NO

↓ ↓

"What have you taken?" "Where are the means?"

↓ ↓

Discourage further use or action. "Will you dispose of it?"

Find someone to dispose of it.

↓

"Where/who are you?" "Can I send help?"

1. Attempt to cause doubt that plan will work.
2. What if it hurts?
3. Stress that you care and want her to be safe.
4. Create doubt that the desired outcome will occur.
5. Who will miss you? Pets? Garden?
6. Use empathy/listening/support.

Depression

YES "Does this happen regularly?" NO

↓ ↓

"Have you considered therapy, counseling/medication?"

"What happened today?"

What has worked in the past?

1. Focus on/Compliment strengths
2. Discuss alternate ways of coping
3. Use empathy/listening/encouragement
4. Make plans for re-occurrence
5. Invite to share with friends, family, clergy, etc.
6. Encourage to call/come again
7. Contract

Making a Contract

Will you promise/contract to call me/come into the office, tell a (planned) friend, if you feel this way again?

Will you call/come back today if you feel this way again today?

Will you investigate those options/referrals we discussed?

Thank you for reaching out!

Michigan Coalition Against Domestic and Sexual Violence's New Service Provider Training Manual. Used with Permission.

SEXUAL ASSAULT HOTLINE PROCEDURE

The goal of crisis intervention on the telephone is to develop a relationship through which the caller can sort out her thoughts and feelings and eventually come to an action decision.

Most people who call for help on a hotline have the following expectations:

- You will solve their problems. This is a clearly unrealistic, since no one can solve another person's problems. You can, however, encourage her to solve her own problems with your support.
- You will care; you will try to be helpful. You will have appropriate information.

Letting the person on the other end of the line know that you are ready to be helpful can be accomplished by:

- The use of your first name to give the caller a sense that there is a person behind the voice.
- The use of your voice. The way you speak can convey warmth, interest and calm.
- Being available to listen.
- Letting the person know how she sounds: angry, upset, depressed or frightened. This helps the person identify or clarify her actual feelings.

Hotline Crisis Call--Victim/Significant Other

- Initial contact may be made **by** victim, significant other, police or hospital.
- Initially you need to assess victim's immediate needs such as:
- Is the victim safe? alone?
- Does she want to go to the hospital for the rape exam? You can offer to meet her there.
- Does she want to call the police? Discuss options.
- If the victim chooses not to seek medical treatment or police intervention, encourage her to discuss her feelings and make arrangements for follow-up counseling.
- In the case of an incest survivor calling, you can discuss feelings and what motivated her to call at this time. Then offer her the opportunity of individual or support group counseling.

VICTIM/SIGNIFICANT OTHER OPTIONS OUTLINE

A Victim/Significant other makes an initial contact with the Women's Center. There are four options that can be offered:

- Telephone counseling
- Accompaniment or advocacy
- Information
- Referral to another agency

If the Victim/Significant Other decides to continue using Women's Center services there are three possible options:

- They may continue telephone counseling
- They may schedule an appointment
- They may need accompaniment or advocacy to other community agencies.

If the Victim/Significant Other decides to schedule an appointment, there are two options:

- They may schedule a private one-to-one counseling session
- They may decide to join a support group

f the Victim/Significant Other needs accompaniment/advocacy there are five Basic places that you will be advocating/accompanying them to:

- Medical
- Police
- Legal System
- Court
- Other agencies

Module 7 – Reading 5-2

Guidelines for Crisis Calls

1. *Introduce yourself and determine safety.*

   Example: "Hi, my name is _____. How can I help you?"

2. *Orient yourself and caller.*

   A. Based on the information the caller initially provides, the advocate will need to determine if this is an emergency call or a crisis call. If there is an immediate or imminent risk to safety, then the guidelines for an emergency call should be followed.

   B. If the victim tells you she is safe at this time and it is safe for her to continue the conversation, then ask for a first name if s/he has not already given one and tell her that the conversation is confidential.

3. *Follow up with open-ended questions based on the information s/he provided.*

   Example: "Please tell me a little more about your situation."

   "How do you feel about all this?"

   "Have there been other incidents like this in the past?"

   "You said you feel afraid though he didn't hit you. What about his behavior frightened you?"

   "Has he ever physically hurt you or threatened to hurt you? (If yes) Tell me a little about that."

   "Does s/he not allow you to do certain things like spend time with family or friends or use the telephone, anything like that?"

4. *Once you have a clear picture of the situation, ask the victim in what way s/he thought you could help.*

   A. Don't rush in with a list of services to "solve" the situation. Based on her responses, describe the services that may meet her needs. Help the caller see you are working together to determine the best options for meeting her current needs.

   B. If s/he asks for shelter, explore other housing options before leaping to arrange for sheltering. Talk with her about the nature of shelter – limited time frames, communal living, shared bathrooms, etc.

   C. If shelter is agreed upon as her best option, review what she will need to bring, etc.

5. *Make arrangements for the service s/he chooses.*
6. *Engage in a safety planning discussion based on the situation and her choices.*
7. *Summarize the conversation and next steps. Remind the caller of the availability of the 24-hour hotline and thank her for reaching out for help.*